**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | GOC Care Gold Coast - EACH |
| Service address: | 31A Crombie Avenue BUNDALL QLD 4217 |
| Commission ID: | 700278 |
| Home Service Provider: | Greek Orthodox Community of St George Brisbane |
| Activity type: | Quality Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 24 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for GOC Care Gold Coast - EACH (**the service**) has been prepared by J. Bayldon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* GOC Care Gold Coast CACP's, 18205, 31A Crombie Avenue, BUNDALL QLD 4217
* GOC Care Gold Coast - EACH, 18206, 31A Crombie Avenue, BUNDALL QLD 4217
* GOC Care Gold Coast - EACHD, 18207, 31A Crombie Avenue, BUNDALL QLD 4217

**CHSP:**

* Community and Home Support, 24305, 31A Crombie Avenue, BUNDALL QLD 4217

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 21 March 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

At the time of the performance report decision the service was:

* Ensuring that consumers are treated with dignity and respect with their individuality and diversity valued
* Demonstrating practises that ensure delivery of culturally safe consumer care and services
* Evidencing consumers are informed and supported to make choices and maintain their independence, including supporting consumers to take risks to live the best life they can
* Ensuring that the provision of information to consumers is accurate, timely, and easy to understand
* Evidencing practises that ensure consumer privacy is respected and protected.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

At the time of the performance report decision, the service was:

* Demonstrating embedded processes to consider, identify, and mitigate consumer risks during assessment and planning
* Evidencing a consumer centric approach to service planning that accurately reflects needs, goals and preferences
* Evidencing that consumers are involved and engaged in the assessment and planning of their own services
* Demonstrating that the outcomes of assessment and planning are communicated with consumers and those they wish to be involved in the process
* Evidencing the regular and episodic review of consumer care and services

Assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services.

Consumers/representatives said they receive the care and services they need, and they are involved and have a say in the care planning processes. Staff could describe how they undertake assessment and planning, considering the consumer’s needs, goals and preferences. Staff evidenced that advance care planning is discussed in line with the consumer’s preferences during the initial assessment and throughout the reassessment process based on the consumer’s wishes.

For HCP clients, the service was able to evidence care plans which demonstrated effective, comprehensive, and individualised assessment and care planning processes to identify the needs, goals and preferences of the consumers. The service was also able to demonstrate the validated assessment tool that is used to assess and identify potential and/or real risks for each consumer and strategies are developed to assess such risks.

The Assessment Team noted during its review that for CHSP clients, care plans did not always include sufficient information or strategies to guide staff in managing risks to consumers.

In response to the Assessment Team Report the service evidenced that it had released a ‘GOC Care CHSP Kit’ following a review of its ‘CHSP Client Care Plan December 2022’ and following the provision of further training on CHSP being given to staff. The service evidenced that staff are encouraged to trial the new document, receive feedback from clients and advise management of changes or additions to the documents to ensure clients’ needs are adequately recorded. Acknowledging the continued work being undertaken by the service, I therefore find this Standard to be Compliant as at the time of the audit.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP/STRC | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

At the time of the performance report decision, the service was:

* Demonstrating safe and effective clinical care practises that reflect the individualised needs and preferences of consumers to optimise their independence, health and well-being.
* Effectively managing the consideration, identification, and mitigation of high-impact, high-prevalence consumer risks through assessment & reporting tools and documented risk strategies.
* Evidencing that consumers’ needs are recognised and responded to, including when consumers preferences change, or when the approach end of life.
* Evidencing that consumer deterioration is recognised and responded to by service staff in a timely manner.
* Demonstrating that consumer needs, goals and preferences are documented and communicated to inform those involved in delivering consumer care.
* Demonstrating the service makes timely and appropriate referrals to other organisations.
* Demonstrating practises that minimise infection-related risks for consumers.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP/STRC | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

At the time of the performance report decision, the service was:

* Demonstrating the delivery of safe and effective services and supports for consumers, to improve and promote their health, well-being and quality of life.
* Demonstrating practises that support consumers emotional, spiritual and psychological well-being.
* Demonstrating a range of support options to promote community participation, maintain social and personal relationships and support consumer independence.
* Evidencing effective communication within the service and with other organisations where consumers’ needs, or preferences involve shared care.
* Evidencing timely referrals are competed to optimise consumers quality of life.
* Evidencing meals are of a suitable quality and quantity, supporting the nutritional needs of consumers to maintain health and well-being.
* Evidencing that equipment is provided and maintaining in a safe way that is suitable for consumers

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

At the time of the performance report decision, the service was:

* Demonstrating a welcoming service environment, optimising the interactions of each consumer whilst maintaining their independence.
* Evidencing a clean, comfortable, and well-maintained environment where consumers are able to move freely.
* Evidencing safe, well maintained and suitable equipment and furniture for all consumers.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP/STRC | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

At the time of the performance report decision, the service was:

* Encouraging consumers/representatives to provide feedback and make complaints.
* Evidencing consumers have access to advocates, language services and are aware of the methods for raising and resolving complaints.
* Responding to complaints appropriately ensuring an open disclosure pross is used when responding to feedback and complaints.
* Ensuring feedback and complaints are reviewed to improve the quality of care and services to consumers.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP/STRC | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

At the time of the performance report decision, the service was:

* Prioritising the delivery of essential services when there is unavailability of staff due to unexpected leave and contacting consumers to discuss rescheduling of other non-essential domestic services.
* Respecting each consumer’s identity, culture, and diversity.
* Monitoring and reviewing the performance of the workforce to ensure workforce members are competent, have the qualifications and knowledge to perform their roles effectively.
* Providing the workforce with the resources and training required to deliver quality care and services.

Consumers/representatives were able to express their confidence that staff were competent and knew how to carry out their tasks/roles effectively. The service was able to provide documentation to show that most staff were appropriately qualified to perform their duties. The Assessment Team noted that some staff did not have up to date first aid and CPR certificates.

In response to the Assessment Team Report the service was able to demonstrate that a full review of the staff members licences (including expiry dates) had been performed, with immediate action undertaken to ensure all staff were appropriately qualified. The service was also able to evidence that appropriate record keeping structures and processes had been put in place to ensure qualifications/certificates are always kept up to date. Acknowledging the work undertaken by the service, I therefore find this Standard to be Compliant as at the time of the audit.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP/STRC | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

At the time of the performance report decision, the service was:

* Engaging consumers in the development, delivery and evaluation of care and services.
* Demonstrating its governing body is accountable for service delivery and a culture of safe, inclusive and quality care.
* Evidencing effective organisation wide governance systems.
* Utilising effective risk management systems and practices to support consumers to live the best life they can.
* Evidencing a clinical governance framework that includes antimicrobial stewardship, minimising restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)